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VERMONT DEPARTMENT OF HEALTH
DIVISION OF HEALTH PROTECTION
Asbestos and lead Regulatory Program
Drawer 30
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

APPLICATION FOR CERTIFICATION OF ASBESTOS ENTITIES

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing and enclosing the tax form. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application. Contact the Program at (802) 863-7231 (800) 439-8550 in Vermont) with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee in the following categories:

Annual fee for each type is \$500.00. Each additional type is \$50.00.

1. TYPES OF CERTIFICATION BEING APPLIED FOR: CHECK ONE

___ Abatement Contractor Entity ___ Consulting Contractor Entity ___ Analytical Contractor Entity

CHECK ONE:

INITIAL CERTIFICATION:

☐

RENEWAL CERTIFICATION:

☐

If renewal

Certification # _____ exp. Date _____

Certification # _____ exp. Date _____

2. APPLICANT:

FIRM: _____ RESPONSIBLE INDIVIDUAL: _____

TITLE: _____ TELEPHONE NO : (____) _____ FAX NO: (____) _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____ Fed Tax ID _____

If your entity has more than one location, please list each branch with address and phone number separately on an attached piece of paper.

3. THE ENTITY IS (1) A Corporation ___ (2) An Unincorporated Association ___ (3) A Partnership ___
(4) Sole Proprietorship ___ (5) Other (specify) _____

--A diagram of your corporate structure must be submitted with this application.

***FOR ANALYTICAL ENTITIES ONLY:**

Indicate the analytical services the entity wishes certification for.

Bulk Sample Analysis: Yes ___ No ___ Air Sample Analysis: Yes ___ No ___

Method(s) to be used: PLM TEM Method(s) to be used: PCM TEM

4. APPLICATION AND CERTIFICATION INFORMATION:

- (1) Has the firm seeking certification ever previously applied for an asbestos-related certificate in the State of Vermont? Yes ___ No ___

If yes, please indicate the type of certificate applied for and the date of application.

- (2) Is the firm seeking certification as an Asbestos Entity licensed, certified, or permitted as such in any other state other than Vermont? Yes ___ No ___

If yes, give name of state and license number and enclose copy of permit or certificate:

5. EMPLOYEES:

The applicant shall not allow any employee to perform any asbestos-related service or activity unless the employee is certified by the Department to provide that service.

- (1) List the full names and social security numbers of **all** employees of the entity applicant who will perform asbestos-related activities. List the current certification numbers and type of certification issued by the Department to the personnel employed by this entity. Attach the list to the submission.

6. ENTITY ENFORCEMENT ACTIONS (ALL APPLICANTS) (Please submit documentation of all state and federal enforcement actions from the last two years for initial, last year for renewal.)

- (1) Are there any outstanding actions or investigations regarding asbestos abatement activities initiated by any state (including Vermont) or federal agency or department pending against the entity? Yes___No__
- (2) Has the entity ever been notified by any state (including Vermont) or federal agency or department that you have been in violation of, or in non-compliance with any law or regulation regarding asbestos abatement activities? Yes___ No____
- (3) Has the entity ever been found to be in violation of any law or regulation regarding asbestos abatement activities by any state (including Vermont) or federal agency or department?
Yes_____ No_____

If the answer to any of these questions is yes, even though you may disagree with those actions, provide detailed information about the notice or action including your response to this correspondence, and what procedures have been instituted to prevent further reoccurrence. The Program routinely checks enforcement actions through state and federal enforcement reports.

7. EXPERIENCE OR WORKER PROTECTION REQUIREMENTS: (INITIAL APPLICANTS or UPDATES ON RENEWALS)

An Asbestos Entity shall show documentation of experience, proficiencies, and/or accreditations to meet requirements for the types of certification applied for:

1) Abatement Contractor Entity: (Per Section 2 of the regulations)

- Two years experience in the performance of asbestos abatement projects (include start and finish dates) using the work practices set forth in Section 2 of the VRAC; or three years of experience in general contracting.
- Documentation of Vermont certified Contractor/Supervisor initial training with refreshers if applicable by the responsible individual.
- All Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926 and 29 CFR 1910; Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment

2) Consulting Contractor Entity: (Per Section 4.3 of the regulations)

- Shall employ individuals that have obtained certification or are qualified to obtain certification to perform asbestos consultant services listed in section 4.1.1 of the VRAC.
- Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926 and 29 CFR 1910; Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.

3) Analytical Contractor Entity: (Per Section 3 of the regulations)

- Phase Contrast Microscopy Analysis--documentation of proficiency in the NIOSH Proficiency Analytical Testing Program.
- Polarized Light Microscopy Analysis--documentation of proficiency in a recognized national or state quality assurance program.
- Transmission Electron Microscopy analysis of air samples--documentation of proficiency in the NIST National Voluntary Laboratory Accreditation Program and one year of experience in materials analysis by electron microscopy.
- Transmission Electron Microscopy of bulk samples--one year of experience in materials analysis by electron microscopy and documentation of in-house quality assurance procedures for analysis of bulk samples by electron microscopy.
- New applicants must attach the results from the **two** most recent rounds of the proficiency program participated in.
- Please note that participation in all rounds of these programs is required unless a waiver has been given by the Department.
- Does the analytical entity participate in any other proficiency-testing program for asbestos analysis? Attach copies of the proficiency rounds.
- Is the analytical entity accredited by the American Industrial Hygiene Association? Attach accreditation documentation.
- Is the analytical service accredited by any other institution? Specify and attach appropriate documentation.

Additional application information for analytical entities

- 1) Equipment--**List type, model year, and manufacturer for microscopic and other equipment used to perform asbestos analysis.**
The list of microscopes that are used for phase contrast microscopy should show the date the Walton-Beckett graticule was installed and initially calibrated. Attach additional sheets if necessary.
- 2) Routine Detection Limits--Submit a summary of the routine detection limits and fiber size detection levels for each method of bulk and air samples attained by the laboratory seeking certification. Detection limits for air samples should be for a given sample volume and microscope set-up, and this information should be provided in the summary, as well.
- 3) Chain of Custody and Quality Assurance--You must attach a complete written report on the Chain of Custody and Quality Assurance procedures to be used for analysis of bulk and/or air samples for asbestos content.

8. ASSOCIATIONS WITH OTHER ASBESTOS RELATED BUSINESSES:

Does the applicant, any employee, or other individual with financial interests in the applicant have any financial or professional involvement with any other individual or firm certified under the Vermont Regulations for Asbestos Control, now or in the past?

Yes_____ No____

If yes, describe this relationship in detail. (Attach additional sheets if necessary).

I certify that I have read and understand the requirements of the Vermont Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF RESPONSIBLE INDIVIDUAL_____DATE_____

FOR OFFICE USE ONLY

CERTN: _____ EFF: _____
BULK: Method: PLM TEM AIR: Method: PCM TEM

STATEMENT OF COMPLIANCE
FOR VERMONT ASBESTOS CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by an agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may issue or renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as reasonable possible, if the agency finds an unreasonable hardship.

CERTIFICATIONS OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement.

This certification is made under the pains and penalties of perjury.

DATE: _____

SIGNATURE: _____

NAME (PRINTED): _____

TITLE: _____

ENTITY TAX I.D.#: _____

ENTITY CHECK SHEET FOR ASBESTOS ENTITY CERTIFICATION

The following are items that are generally missed when entities submit application for certifications. Please check these items carefully on your applications, as incomplete applications will be returned. During the review process, if the information is found to be incomplete, your application will be denied and the fees will not be returned.

ALL APPLICANTS

- _____ 1) Is the application and tax form signed and dated? An original signature is required. A stamped or photocopy of a signature will not be accepted.
- _____ 2) Is type(s) of certification checked?
- _____ 3) Is the proper certification fee(s) submitted? Is the check made out to the Vermont Department of Health?
- _____ 4) Has documentation or any change of written worker protection plan been submitted?
- _____ 5) Has documentation of enforcement action been submitted for the last two years for initial applicant, last year for renewal? Have you made sure that your response to these actions has been submitted?

INITIAL APPLICANTS

- _____ 1) If you are a corporation or wholly owned subsidiary, please make sure this information is provided and a diagram of your corporate structure is submitted.
- _____ 2) Has the list of employees and certification numbers and type of certification been submitted?

ABATEMENT ENTITY

- _____ 1) Has individuals fit test documentation been submitted?
- _____ 2) Has individuals medical clearance documentation from physician been submitted?
- _____ 3) Has the relevant employment/experience history been provided (including project start and finish dates, locations, and contact person)? (**INITIAL APPLICANT ONLY**)

ANALYTICAL ENTITY

- _____ 1) Submit documentation of proficiency in a recognized national or state quality assurance program, including equipment, routine detection limits, and chain of custody and quality assurance procedures?
- _____ 2) Make sure type of analysis you wish to provide is checked off.

Be sure to review the regulations and your application before you submit it to us for review.

Submit completed application package along with fee to:

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Asbestos and Lead Regulatory Program
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